DO NOT file this claim if you are going to file a Missouri income tax return! See the instructions. AMENDED CLAIM 2010 FORM MO-PTC MISSOURI DEPARTMENT OF REVENUE **VENDOR** 002 PROPERTY TAX CREDIT CLAIM CODE SOCIAL SECURITY NO. SPOUSE'S SOCIAL SECURITY NO. LAST NAME FIRST NAME INITIAL JR, SR BIRTHDATE TELEPHONE NUMBER DECEASED 2010 SPOUSE'S LAST NAME FIRST NAME INITIAL JR, SR IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) BIRTHDATE DECEASED PRESENT HOME ADDRESS APT. NUMBER CITY, TOWN, OR POST OFFICE STATE ZIP CODE You must check a qualification to be eligible for a credit. Check only one. Required copies of letters, forms, etc., must be included with claim. A. 65 years of age or older (Attach a copy of Form SSA-1099.) C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.) B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.) If married filing combined, you must report both incomes. **FILING STATUS** Single Married — Filing Combined Married — Living Separate for Entire Year Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), Forms 1099, W-2, etc.) will result in denial or delay of your claim. 1. Enter the amount of social security benefits received by you and/or your minor children before any deductions and/or the 00 amount of social security equivalent railroad retirement benefits. Attach Forms SSA-1099 and/or RRB-1099. . . . . . 2. Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. 00 2 Attach Forms W-2, 1099, 1099-R, 1099-DIV, 1099-INT, 1099-MISC, etc. 3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. 00 3 00 **HOUSEHOLD INCOME** 4 5. Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, Temporary Assistance payments (TA and/or TANF). Attach copy of Forms SSA-1099, a letter from the Social Security Administration 00 and/or Social Services that includes the total amount of assistance received and Employment Security 1099, if applicable. . . . 6. TOTAL household income — Add Lines 1 through 5. 6 00 7. Mark the box that applies and enter the appropriate amount. ☐ a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; □ b. Enter \$2,000 if you rented or did not own your home for the entire year; ☐ c. Enter \$4,000 if you owned and occupied your home for the entire year; . . . 00 8. Net household income — Subtract Line 7 from Line 6 and enter the amount; mark the box that applies. □ a. If you rented or did not own and occupy your home for the entire year, Line 8 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. b. If you owned and occupied your home for the entire year, Line 8 cannot exceed \$30,000. 00 If you owned your home, enter the total amount of property tax paid for your home less special assessments. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 00 948, Assessor's Certification. 9 10. If you rented, enter amount from Form MO-CRP, Line 9. Attach rent receipts and/or a statement from your landlord. 00 NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit. . 10 REAL 11. Add Lines 9 and 10. If you rented your home, enter the total or \$750, whichever is less. If you owned your home, enter the total or \$1,100, whichever is less. 11 00 CREDITS You **must use the chart on pages 13-15** to see how much refund you are allowed. Apply amounts from Lines 8 and 11 to chart on pages 13-15 to figure your Property Tax Credit. Note: Renters - maximum allowed is \$750. Owners - maximum amount allowed is \$1,100. 00 12 If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below. 品页 a. Routing Number c. L Checking L Savings b. Account Number Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I authorize the Director of Revenue or delegate to discuss my claim and attachments | E-MAIL ADDRESS PREPARER'S PHONE GNAT with the preparer or any member of the preparer's firm. 

YES 

NO SIGNATURE DATE PREPARER'S SIGNATURE FFIN SSN OR PTIN

Mail claim and attachments to Missouri Department of Revenue, P.O. Box 3385, Jefferson City, MO 65105-3385.

For Privacy Notice, see instructions.

PREPARER'S ADDRESS AND ZIP CODE

DATE

DAYTIME TELEPHONE

SPOUSE'S SIGNATURE

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2010

FAILURE TO PROVIDE LANDLORD

No.	<i>5</i>		N OF RE		FOR 201	0		O-CRP				VILL RESULT .AY OF YOU	
1. SOCIA	L SECURITY NUMB	3ER		SPOUSE'S SO	OCIAL SECURITY	NUMBER	_	ARE YOU RE IF YES, EXPL		YOUR LAI	NDLOR	D? YES	NO
2. NAME						3. LANDLORD	S NAME,	, LAST 4 DIGIT	S OF SSN,	OR FEIN (I	MUST E	BE COMPLETED)	
PHYSICA	L ADDRESS OF REI	NTAL UNIT	(P.O. BOX NOT	ALLOWED)	APT. NUMBER	LANDLORD'	<b>S</b> ADDR	ESS, CITY, ST	ATE, AND	ZIP CODE	(MUST	BE COMPLETED)	APT. NUMBER
CITY, STA	ATE, AND ZIP CODE					•			4. LANE	DLORD'S PI	HONE N	NUMBER (MUST BE	COMPLETED)
-	TAL PERIOD ING YEAR	FROM:	MONTH		DAY	YEAR <b>2010</b>	Т	TO: MON	NTH	_	D	AY	YEAR <b>2010</b>
and/	r your gross rent or copies of canc E: If you rent fr	elled chec	cks (front and b	ack). If you re	ceived housing	assistance, ente	r the ar	mount of rent	YOU pa	id.	6		00
7. Che		IT, HOUS  ME LOT  HOME /  R INTERM  eals are in  ME HOUS  ESIDENC  REN UND	SE, MOBILE H — 100%  RESIDENTIA  MEDIATE CAF  ncluded, enter  SING — 100%  CE — If you sh  DER 18), check	OME, OR DU L CARE — 50 RE NURSING — 50%; Oth (RENT CANN hared your ren k the approprie	PLEX — 100%  WHOME — 45% erwise, enter - NOT EXCEED t with relatives ate box and enter	6  100% 40% OF TOTAI	OTHE	R THAN YO	UR SPO		7		%
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Control of the Contro	MISSOURI	DEPAF	RTMENT O		·		2	2010 FORM				OVIDE LAND VILL RESULT	
Minimi	<i>5</i>				FOR 201	0		O-CRP				AY OF YOU	

Service Committee	
	MISSOURI DEPARTMENT OF REVENUE
	<b>CERTIFICATION OF RENT PAID FOR 2010</b>

CER	TIFICATION OF RE	NT PAID FOR 201	0	MO-CRP	DENIAL OR	DEL/	AY OF YOU	R CLAIM.
1. SOCIAL SECURIT	NUMBER	ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.						
2. NAME			3. LANDLORD'S	NAME, LAST 4 DIGITS	S OF SSN, OR FEIN (	MUST BE	COMPLETED)	
PHYSICAL ADDRESS	OF RENTAL UNIT (P.O. BOX NOT	ALLOWED) APT. NUMBER	LANDLORD'S	ADDRESS, CITY, STA	ATE, AND ZIP CODE	(MUST E	BE COMPLETED)	APT. NUMBER
CITY, STATE, AND ZI	CODE				4. <b>LANDLORD'S</b> P	HONE NU	JMBER (MUST BE	COMPLETED)
5. RENTAL PER DURING YEA	-	DAY	YEAR <b>2010</b>	TO: MON	ітн <u>—</u>	DA	Y	YEAR <b>2010</b>
and/or copies of	cancelled checks (front and b	t(s) for each rent payment for toack). If you received housing not pay property tax, you ar	assistance, enter t	the amount of rent	YOU paid.	6		00
A. APAR B. MOBI C. BOAF D. SKILL E. HOTE F. LOW G. SHAF	TMENT, HOUSE, MOBILE H  E HOME LOT — 100%  DING HOME / RESIDENTIA  ED OR INTERMEDIATE CAI  If meals are included, enter  NCOME HOUSING — 100%  ED RESIDENCE — If you sh	rresponding percentage on LIOME, OR DUPLEX — 100%  L CARE — 50%  RE NURSING HOME — 45%  r — 50%; Otherwise, enter - (RENT CANNOT EXCEED  nared your rent with relatives k the appropriate box and enter	% — 100% 40% OF TOTAL I and/or friends (O		•			
<u>Addi</u>	<i>ional</i> persons sharing rent	percentage to be entered:	☐ 1 (50%) ☐	☐ 2 (33%) ☐	3 (25%)	7		%
8. Net rent paid -	- Multiply Line 6 by the perce	entage on Line 7				8		00
0 Multiply Line 9	hy 20% Enter amount here	and on Line 10 of Form MO-	PTC or Line 12 of	Form MO-PTS		اما		00



2010

FAILURE TO PROVIDE LANDLORD

No.	<i>5</i>		N OF RE		FOR 201	0		O-CRP				VILL RESULT .AY OF YOU	
1. SOCIA	L SECURITY NUMB	3ER		SPOUSE'S SO	OCIAL SECURITY	NUMBER	_	ARE YOU RE IF YES, EXPL		YOUR LAI	NDLOR	D? YES	NO
2. NAME						3. LANDLORD	S NAME,	, LAST 4 DIGIT	S OF SSN,	OR FEIN (I	MUST E	BE COMPLETED)	
PHYSICA	L ADDRESS OF REI	NTAL UNIT	(P.O. BOX NOT	ALLOWED)	APT. NUMBER	LANDLORD'	<b>S</b> ADDR	ESS, CITY, ST	ATE, AND	ZIP CODE	(MUST	BE COMPLETED)	APT. NUMBER
CITY, STA	ATE, AND ZIP CODE					•			4. LANE	DLORD'S PI	HONE N	NUMBER (MUST BE	COMPLETED)
-	TAL PERIOD ING YEAR	FROM:	MONTH		DAY	YEAR <b>2010</b>	Т	TO: MON	NTH	_	D	AY	YEAR <b>2010</b>
and/	r your gross rent or copies of canc E: If you rent fr	elled chec	cks (front and b	ack). If you re	ceived housing	assistance, ente	r the ar	mount of rent	YOU pa	id.	6		00
7. Che		IT, HOUS  ME LOT  HOME /  R INTERM  eals are in  ME HOUS  ESIDENC  REN UND	SE, MOBILE H — 100%  RESIDENTIA  MEDIATE CAF  ncluded, enter  SING — 100%  CE — If you sh  DER 18), check	OME, OR DU L CARE — 50 RE NURSING — 50%; Oth (RENT CANN hared your ren k the approprie	PLEX — 100%  WHOME — 45% erwise, enter - NOT EXCEED t with relatives ate box and enter	6  100% 40% OF TOTAI	OTHE	R THAN YO	UR SPO		7		%
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	iply Line 8 by 20										9		00
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Minimi	<i>5</i>				FOR 201	0		O-CRP				AY OF YOU	

Service Committee	
	MISSOURI DEPARTMENT OF REVENUE
	<b>CERTIFICATION OF RENT PAID FOR 2010</b>

CER	TIFICATION OF RE	NT PAID FOR 201	0	MO-CRP	DENIAL OR	DEL/	AY OF YOU	R CLAIM.
1. SOCIAL SECURIT	NUMBER	ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.						
2. NAME			3. LANDLORD'S	NAME, LAST 4 DIGITS	S OF SSN, OR FEIN (	MUST BE	COMPLETED)	
PHYSICAL ADDRESS	OF RENTAL UNIT (P.O. BOX NOT	ALLOWED) APT. NUMBER	LANDLORD'S	ADDRESS, CITY, STA	ATE, AND ZIP CODE	(MUST E	BE COMPLETED)	APT. NUMBER
CITY, STATE, AND ZI	CODE				4. <b>LANDLORD'S</b> P	HONE NU	JMBER (MUST BE	COMPLETED)
5. RENTAL PER DURING YEA	-	DAY	YEAR <b>2010</b>	TO: MON	ітн <u>—</u>	DA	Y	YEAR <b>2010</b>
and/or copies of	cancelled checks (front and b	t(s) for each rent payment for toack). If you received housing not pay property tax, you ar	assistance, enter t	the amount of rent	YOU paid.	6		00
A. APAR B. MOBI C. BOAF D. SKILL E. HOTE F. LOW G. SHAF	TMENT, HOUSE, MOBILE H  E HOME LOT — 100%  DING HOME / RESIDENTIA  ED OR INTERMEDIATE CAI  If meals are included, enter  NCOME HOUSING — 100%  ED RESIDENCE — If you sh	rresponding percentage on LIOME, OR DUPLEX — 100%  L CARE — 50%  RE NURSING HOME — 45%  r — 50%; Otherwise, enter - (RENT CANNOT EXCEED  nared your rent with relatives k the appropriate box and enter	% — 100% 40% OF TOTAL I and/or friends (O		•			
<u>Addi</u>	<i>ional</i> persons sharing rent	percentage to be entered:	☐ 1 (50%) ☐	☐ 2 (33%) ☐	3 (25%)	7		%
8. Net rent paid -	- Multiply Line 6 by the perce	entage on Line 7				8		00
0 Multiply Line 9	hy 20% Enter amount here	and on Line 10 of Form MO-	PTC or Line 12 of	Form MO-PTS		اما		00



2010 FORM MO-CRP FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1.	SOCIAL SECURITY NUME	BER	SPOUSE'S SO	OCIAL SECURITY	NUMBER	ARE YOU RE IF YES, EXPL	ELATED TO YOUR LAI LAIN.	NDLOF	RD? YES	NO
2.	NAME				3. <b>LANDLORD'S</b> NAM	IE, LAST 4 DIGIT	S OF SSN, OR FEIN (I	MUST	BE COMPLETED)	
PH	YSICAL ADDRESS OF REM	NTAL UNIT (P.O. BOX NOT	ALLOWED)	APT. NUMBER	LANDLORD'S ADD	PRESS, CITY, ST	ATE, AND ZIP CODE	(MUST	F BE COMPLETED)	APT. NUMBER
CIT	Y, STATE, AND ZIP CODE				-		4. <b>LANDLORD'S</b> PI	HONE I	NUMBER (MUST BE	COMPLETED)
5.	RENTAL PERIOD DURING YEAR	FROM: MONTH		DAY —	YEAR <b>2010</b>	TO: MOI	NTH	С	DAY	YEAR <b>2010</b>
6.	6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a statement from your landlord, and/or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid.  NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit									00
7.	A. APARTMEN B. MOBILE HO C. BOARDING D. SKILLED OI E. HOTEL If m F. LOW INCOM G. SHARED R OR CHILDE	te box and enter the c IT, HOUSE, MOBILE I IME LOT — 100% HOME / RESIDENTI R INTERMEDIATE CA eals are included, ente ME HOUSING — 1009 ESIDENCE — If you s REN UNDER 18), chec persons sharing ren	AL CARE — 50 RE NURSING r — 50%; Oth hared your ren k the appropria	PLEX — 100%  WHOME — 45% erwise, enter – NOT EXCEED to twith relatives are box and entered to the second control of the second contr	6 – 100% 40% OF TOTAL HO and/or friends (OTH) ter percentage.	ER THAN YO	UR SPOUSE	7		%
8.	Net rent paid — Mult	tiply Line 6 by the perc	entage on Line	7				8		00
9.	Multiply Line 8 by 20	%. Enter amount here	and on Line 10	0 of Form MO-l	PTC or Line 12 of Fo	rm MO-PTS.		9		00

MO 860-1089 (12-2010)

For Privacy Notice, see instructions.